



The Commonwealth of Massachusetts

Division of Professional Licensure

BOARD OF REGISTRATION FOR
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
1000 WASHINGTON STREET SUITE 710
BOSTON, MA 02118-6100
(617) 727-3071
WWW.MASS.GOV/DPL/BOARDS/SP

FORM 1- SUPERVISED PROFESSIONAL PRACTICE PLAN – SPEECH-LANGUAGE PATHOLOGY

- Instructions:
- Form 1 must be submitted to the Board within seven (7) days of beginning your CFY.
 - Answer all questions. Write "NOT APPLICABLE" if no other response is appropriate.
 - Use additional pages if necessary.
 - If your supervisor changes, please submit a Form 2 to complete that portion of the Supervised Practice plan. Also, you must remit a new Form 1 and Form 2 for each new supervisor.

1. Speech-Language Pathology Applicant: If name has been altered since application submission, **Name on Application:** _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

(Phone: Home) EMAIL _____

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ **Ending Date:** _____ **Hours per Week:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(Business) EMAIL _____

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA/CCC-SLP Certification Number: _____ Expiration Date: _____

Massachusetts Teacher's Certification Number: _____ Expiration Date: _____

6. Educational, Supervised Professional Practice, and Examination Requirements:

To be licensed as a Speech-Language Pathologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the current American Speech-Language-Hearing Association (ASHA) Standards and Implementation Procedures for a Certificate of Clinical Competence in Speech-Language Pathology. Although standards created by ASHA are referenced by the Board, **the Board does not require that applicants obtain or maintain membership in ASHA.** However, ASHA membership/certification of the supervisor may be required if the applicant seeks membership/certification in ASHA once licensed. Please contact ASHA for more information at www.asha.org.

7. Statement of the Applicant:

Applicant, please contact the Board to ensure that your:

- 1) Application with \$68.00 fee
- 2) Praxis score [Board code: R7461]
- 3) Official graduate school transcript including date the degree was conferred
- 4) Clock hours earned during graduate school

have all been received. This will allow faster processing of your application upon receipt of your Form 2.

I HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THE PERSON NAMED AS SUPERVISOR AND AGREE TO ITS IMPLEMENTATION. I UNDERSTAND THAT I MUST NOT WORK AFTER THE END DATE SPECIFIED ON MY FORM 2 UNTIL I AM LICENSED BY THE BOARD. POST CLINICAL FELLOWSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Applicant's Signature)

(Date)

8. Statement of Supervisor:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS PLAN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I FURTHER CERTIFY THAT I UNDERSTAND THE RESPONSIBILITIES OF A SUPERVISOR AS STATED IN THE RULES AND REGULATIONS OF THE MASSACHUSETTS BOARD OF REGISTRATION FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. (TITLE 260 OF THE CODE OF MASSACHUSETTS REGULATIONS). I UNDERSTAND THAT THE APPLICANT MUST NOT WORK AFTER THE END DATE SPECIFIED ON THE FORM 2 UNTIL LICENSED BY THE BOARD. POST CLINICAL FELLOWSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

(Supervisor's Signature)

(Date)



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FORM 2 - SUPERVISED PROFESSIONAL PRACTICE REPORT – SPEECH-LANGUAGE PATHOLOGY

- Instructions:**
- Form 2 must be submitted to the Board within One (1) day of the completion of the Professional Practice. Upon completion, fax Form 2 to 617-727-9932 or scan and e-mail to speech.audiology@mass.gov and mail original to Board.
 - If your supervisor changed, please submit a Form 1 to correlate with that portion of the Supervised Practice year. Also, you must forward a new Form 1 and Form 2 for all other supervisor(s).

IMPORTANT NOTE: Post clinical fellowship work will subject both you and your supervisor to disciplinary action by the Board.

1. Speech-Language Pathology Applicant: If name has changed since application your initial submission, Name on Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(Home) EMAIL: _____

2. Professional Practice Site Information:

Site: _____
(Company Name) (Division/Department)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Beginning Date: _____ **Ending Date:** _____ **Hours per Week:** _____
(MM/DD/YYYY) (MM/DD/YYYY)

- If the ending date is different from ending date specified in your Form 1, please indicate here _____ and attach a letter of explanation signed by both the applicant and the supervisor. Additional documentation may be required.

3. Supervisor Information:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone: () _____
(Business) EMAIL _____

4. Supervisor's Current Licensure Status:

Massachusetts License#: _____ Expiration Date: _____

Other State (Specify): _____ License Number: _____ Expiration Date: _____

5. Supervisor's Professional Certification(s):

ASHA/CCC-A Certification Number: _____ Expiration Date: _____

Massachusetts Teacher's Certification Number: _____ Expiration Date: _____

6. Educational, Supervised Professional Practice and Examination Requirements:

To be licensed as a Speech-Language Pathologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the current American Speech-Language-Hearing Association (ASHA) Standards and Implementation Procedures for a Certificate of Clinical Competence in Speech-Language Pathology. Although standards created by ASHA are referenced by the Board, **the Board does not require that applicants obtain or maintain membership in ASHA.** However, ASHA membership/certification of the supervisor may be required if the applicant seeks membership/certification in ASHA once licensed. Please contact ASHA for more information. www.asha.org

7. Professional Practice Plan completion:

Has the applicant successfully fulfilled the Professional Practice Plan responsibilities as specified in Form 1?

☐ Yes ☐ No If no, please explain _____

8. Recommendation of Supervisor:

I hereby ☐ recommend **OR** ☐ do not recommend for licensure as a SPEECH-LANGUAGE PATHOLOGIST.

APPLICANT AND SUPERVISOR UNDERSTAND THAT THE APPLICANT MUST NOT WORK AFTER THE END DATE SPECIFIED ON THE FORM 2 UNTIL LICENSED BY THE BOARD. POST CLINICAL FELLOWSHIP WORK WILL SUBJECT BOTH THE APPLICANT AND SUPERVISOR TO DISCIPLINARY ACTION BY THE BOARD.

Applicant's Signature

Date

Supervisor's Signature

Date